

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Prenatal Diagnosis Genetic Counselors
Managed Care Plans

Memorandum No: 04-49 MAA
Issued: June 30, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
1-800-562-6188

Supersedes: 03-46 MAA

Subject: Prenatal Diagnosis Genetic Counseling: Fee Schedule Changes

<p>Effective for dates of service on and after July 1, 2004, the Medical Assistance Administration (MAA) will implement the updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2004 relative value units (RVUs).</p>
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Maximum Allowable Fees

MAA is updating the fee schedule with Year 2004 RVUs. The maximum allowable fees have been adjusted to reflect the changes in the RVUs. The 2004 Washington State Legislature **did not appropriate a vendor rate increase** for the 2005 state fiscal year.

Attached are replacement pages 13/14, 15/16 for MAA's Prenatal Diagnosis Genetic Counseling Billing Instructions, dated October 2000. To obtain MAA's billing instructions and numbered memoranda electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link or the Billing Instructions/Numbered Memoranda link).

Bill MAA your usual and customary charge.

Prenatal Diagnosis Genetic Counseling

- ✓ To an official of a penal or other custodial institution in which the patient is detained;
 - ✓ To provide directory information, unless the patient has instructed the health care provider not to make the disclosure;
 - ✓ In the case of a hospital or health care provider to provide, in cases reported by fire, police, sheriff, or other public authority, name, residence, sex, age, occupation, condition, diagnosis, or extent and location of injuries as determined by a physician, and whether the patient was conscious when admitted.
- A health care provider [must] disclose health care information about a patient without the patient's authorization if the disclosure is:
 - ✓ To federal, state, or local public health authorities, to the extent the health care provider is required by law to report health care information; when needed to determine compliance with state or federal licensure, certification or registration rules or laws; or when needed to protect the public health;
 - ✓ To federal, state, or local law enforcement authorities to the extent the health care provider is required by law;
 - ✓ To county coroners and medical examiners for the investigations of deaths;
 - ✓ Pursuant to compulsory process in accordance with RCW [70.02.060](#).

Notifying Clients of Their Right to Make Their Own Health Care Decisions

All Medicare-Medicaid certified hospitals, nursing facilities, home health agencies, personal care service agencies, hospices, and managed health care organizations are federally mandated to give all adult clients written information about their rights, under state law, to make their own health care decisions.

Clients have the right to:

- Accept or refuse medical treatment;
- Make decisions concerning their own medical care; and
- Formulate an advance directive, such as a living will or durable power of attorney, for their health care.

Fee Schedule

Due to its licensing agreement with the American Medical Association, MAA publishes only the official, brief CPT™ procedure code descriptions. To view the full descriptions, refer to your current CPT book.

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
Initial Office Visits			
99201	Office/outpatient visit, new	\$24.25	\$15.75
99202	Office/outpatient visit, new	43.25	31.25
99203	Office/outpatient visit, new	64.25	47.75
99204	Office/outpatient visit, new	90.75	70.50
99205	Office/outpatient visit, new	115.25	93.75
Initial Office Consultations			
99241	Office consultation	30.38	20.40
99242	Office consultation	55.31	41.94
99243	Office consultation	73.22	55.77
99244	Office consultation	103.38	82.52
99245	Office consultation	133.53	109.50
Initial Inpatient Consultations			
99251	Initial inpatient consult	21.54	21.54
99252	Initial inpatient consult	43.30	43.30
99253	Initial inpatient consult	58.94	58.94
99254	Initial inpatient consult	85.01	85.01
99255	Initial inpatient consult	116.98	116.98
Confirmatory Consultations			
99271	Confirmatory consultation	23.58	14.51
99272	Confirmatory consultation	39.22	27.43
99273	Confirmatory consultation	53.73	38.54
99274	Confirmatory consultation	72.54	55.99
99275	Confirmatory consultation	92.27	73.90

NFS = Non-facility Setting; FS = Facility Setting

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Prenatal Diagnosis Genetic Counseling

Procedure Code	Brief Description	7/1/03 Maximum Allowable Fee	
		NFS	FS
Follow-Up Office Visits or Consultations			
99211	Office/outpatient visit, est	\$14.25	\$6.00
99212	Office/outpatient visit, est	25.25	15.75
99213	Office/outpatient visit, est	35.25	23.75
99214	Office/outpatient visit, est	55.00	38.70
99215	Office/outpatient visit, est	79.75	62.25
Follow-Up Inpatient Consultations			
99261	Follow-up inpatient consult	13.60	13.60
99262	Follow-up inpatient consult	27.20	27.20
99263	Follow-up inpatient consult	40.13	40.13

NFS = Non-facility Setting; FS = Facility Setting



Note: MAA covers **one initial office visit or consultation** and **two follow-up office visits or follow-up consultations** per client, per pregnancy regardless of the provider or the place of service.

CPT codes and descriptions are copyright 2003 American Medical Association.

Blank page due to reformatting of fee schedule